

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004953

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 13

STATE FILE NUMBER

FILED JAN 22 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Montrose</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		d. STREET ADDRESS (If outside, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Ella</u> Last <u>Vangorden</u>		4. DATE OF DEATH Month <u>1</u> Day <u>16</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-15-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Wisconsin (Bearhoof Co.)</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Luther Dearborn</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Knapp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>117</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		17. INFORMANT <u>Deceased</u> Address <u>State Hospital</u> <u>Hospital Records - Nevada, Mo.</u>	
DUE TO (b) <u>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
DUE TO (c) <u>Chronic Brain Syndrome Associated with Cerebral Arteriosclerosis with Psychotic Reaction.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>8:32</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <u>Dec. 18, 1957</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from <u>Dec. 18, 1957</u> to <u>Jan. 16, 1963</u> and last saw her alive on <u>Jan. 16, 1963</u> Death occurred at <u>8:32 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>E. C. Hicken</u> (Degree or title)		22b. ADDRESS <u>Nevada, Mo.</u>	
22c. DATE SIGNED <u>1-16-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>1-16-63</u>		23c. NAME OF CEMETERY OR CREMATOR <u>Montrose</u>	
23d. LOCATION (City, town, or county) <u>Montrose, Mo.</u>		24. FUNERAL DIRECTOR <u>Wm. Edgar Applegate, Inc.</u>	
25. DATE RECD. BY LOCAL REG. <u>1-18-1963</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Jerry</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 13 1963

3838
90540

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STATEMENT BY LICENSED EMBALMER

B-2P

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, Wis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.